

OPTN/UNOS Pancreas Transplantation Committee
Meeting Summary
June 23, 2015
Teleconference

Jonathan Fridell MD, Chair
Jon Odorico MD, Vice Chair

Discussions of the full committee on June 23, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov/>.

Committee Projects

1. Pancreas Underutilization

The Pancreas Transplantation Committee (the "Committee") discussed the recent work carried out by the Pancreas Underutilization Subcommittee (the "Subcommittee"). The Subcommittee's goal is to identify a way to mitigate, and even reverse, the increasing trend in pancreatic discards. Over the last several months, the Subcommittee has reviewed nine data requests related to pancreas underutilization and facilitated pancreas allocation. This work has led to proposed modifications to the facilitated pancreas allocation policy.

During the meeting the Committee reviewed the proposed policy changes and supporting data. The Committee voted unanimously to send the Proposal to Revise Facilitated Pancreas Allocation Policy to August 2015 Public Comment.

Committee Projects Pending Implementation

2. Definition of Pancreas Graft Failure

The Board of Directors approved the Definition of Pancreas Graft Failure Proposal on June 2, 2015 and it is scheduled for implementation following IT programming and OMB approval.

Implemented Committee Projects

3. Pancreas Allocation System

The Board of Directors approved the new pancreas allocation system in November of 2010. The changes to the pancreas allocation system were implemented on October 30, 2014. As part of the plan for evaluating the proposal, UNOS staff discussed with the Committee the requirement to evaluate the maximum allowable BMI for qualification for approval of kidney/pancreas waiting time. Policy states that if a candidate has C-peptide greater than two then their BMI must be below a maximum allowable value.

At implementation, the maximum allowable BMI was 28 and policy stated that every six months the threshold would be reviewed. If the percentage of adult kidney registrations on insulin, with a c-peptide greater than 2 and BMI less than 28 was less than 10%, then the maximum allowable BMI would be raised. UNOS staff presented data to the Committee showing that the percentage meeting this criteria was 6%, therefore the maximum allowable BMI will be increased to 30. The transplant community will be notified of the change when it is programmed. Expected programming and notification will take place in July 2015.

Upcoming Meeting

- July 29, 2015 3:00-4:00pm ET (Conference Call)